

The goal of this HealthCheck conference is to review the requirements for HealthCheck and HealthCheck other services as well as to increase statewide participation and quality in HealthCheck screenings. This will be accomplished by networking with various community organizations and public/private agencies to effectively and efficiently serve Medicaid and BadgerCare members under the age of 21.

Who Should Attend

- Primary health care providers.
- Nursing staff.
- Health care provider staff.
- HMO staff.
- Local public health departments.
- Community-based clinics.
- Outreach workers/WIC staff.
- Health/Community Advocates.
- Consumers.

Attire

It is very difficult to regulate the temperature in large meeting rooms. Please layer your clothing for your comfort. We encourage you to dress casually and comfortably for this conference.

Additional Information

Representatives from multiple organizations will be available to answer your questions. Among the groups are WIC, CSHCN, Immunizations, Lead, and Mental Health.

Room Reservations

A block of guest rooms is being held for the evening of Monday, October 3, 2005, under the name of HealthCheck Conference. Guest room reservations can be made by calling the Inn on the Park at 1-800-279-8811.

Unreserved rooms will be released by Monday, September 12, so act soon! For more information regarding the hotel's accommodations, visit

www.hotel-rates.com/us/wisconsin/madison/best-western-inn-on-the-park.html

Registration

Since facility space is limited, no walk-ins will be accepted, but substitutions are welcome. Conference cost is \$25/person. Please make the check payable to EDS and mail it along with the registration form to:

HealthCheck Conference Registration
Attn: Ellen Utter
1 West Wilson Street, Room 265
P.O. Box 309,
Madison WI 53701-0309



2005 Statewide HealthCheck Conference

Tuesday, October 4, 2005
Monona Terrace Community and
Convention Center,
1 John Nolen Drive,
Madison, WI 53702

Presented By the
Wisconsin Department of
Health & Family Services

<p><i>Confirmation of Registration</i></p> <p>Upon receipt of the \$25 per person fee, confirmation of registration will be sent via e-mail address or daytime telephone provided on your registration form.</p> <p><i>Cancellations and Substitutions</i></p> <p>If you need to cancel your registration or substitute someone from the same agency, please call Ellen Utter at 1-608-266-0999 or Rita Hallett at 1-608-267-0938. Cancellations are non-refundable.</p>	<p style="text-align: center;"><i>Agenda</i> Tuesday October 4, 2005</p> <table border="0"> <tr> <td>8:30 - 9:00 a.m.</td> <td>Registration, Lobby</td> </tr> <tr> <td>9:00 - 10:00 a.m.</td> <td>Welcome, Introductions HealthCheck Overview</td> </tr> <tr> <td>10:00 - 10:30 a.m.</td> <td>HealthCheck "Other" Services and Impact of Medicare Part D</td> </tr> <tr> <td>10:30 - 10:45 a.m.</td> <td>Break</td> </tr> <tr> <td>10:45 - 11:15 a.m.</td> <td>Lead Update</td> </tr> <tr> <td>11:15 - 11:45 a.m.</td> <td>Immunization Update</td> </tr> <tr> <td>11:45 - 12:15 p.m.</td> <td>Mental Health Screening</td> </tr> <tr> <td>12:15 - 1:15 p.m.</td> <td>Lunch (Provided)</td> </tr> <tr> <td>1:15 - 2:15 p.m.</td> <td>HealthCheck Demonstration *</td> </tr> <tr> <td>2:15 - 2:30 p.m.</td> <td>Break</td> </tr> <tr> <td>2:30 - 3:30 p.m.</td> <td>HealthCheck Outreach Panel</td> </tr> <tr> <td>3:30</td> <td>Wrap-up</td> </tr> </table> <p>* HealthCheck screening demonstrated by Richard Fraser, APNP</p>	8:30 - 9:00 a.m.	Registration, Lobby	9:00 - 10:00 a.m.	Welcome, Introductions HealthCheck Overview	10:00 - 10:30 a.m.	HealthCheck "Other" Services and Impact of Medicare Part D	10:30 - 10:45 a.m.	Break	10:45 - 11:15 a.m.	Lead Update	11:15 - 11:45 a.m.	Immunization Update	11:45 - 12:15 p.m.	Mental Health Screening	12:15 - 1:15 p.m.	Lunch (Provided)	1:15 - 2:15 p.m.	HealthCheck Demonstration *	2:15 - 2:30 p.m.	Break	2:30 - 3:30 p.m.	HealthCheck Outreach Panel	3:30	Wrap-up	<p style="text-align: center;"><i>Registration Form</i></p> <p>2005 Statewide HealthCheck Conference</p> <p style="text-align: center;">Tuesday, October 4, 2005</p> <p>Name _____</p> <p>Title _____</p> <p>Organization _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p> <p>Daytime Telephone _____</p> <p>E-mail Address _____</p> <p>_____</p> <p>_____</p> <p>Please indicate if you want a vegetarian option by checking the box: <input type="checkbox"/></p> <p style="text-align: center;"><i>Registration Deadline</i> Tuesday, September 27, 2005</p> <p>*Please remember to enclose your Registration fee! Checks should be payable to EDS.</p>
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